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PTO/SB/81 (11-96)

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APPLICATION**

Application Number	09/242,449
Filing Date	02/16/99
First Named Inventor	Johanna Bergmann
Group Art Unit	1643
Examiner Name	Unassigned
Attorney Docket Number	424022000200

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Name	Registration Number
Susan K. Lehnhardt	33,943

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Morrison & Foerster, LLP			
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Country	United States of America			
Telephone	212 468 8186	Fax	212 468 7900	

I am the:

Applicant.

Assignee of record of the entire interest

Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Johanna BERGMANN
Signature	<i>Johanna Bergmann</i>
Date	15/07/1999

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bergmann et al.

U.S. Serial No.: 09/242,449

Filing Date: February 16, 1999

For : AGENTS FOR PRE-SYMPTOMATIC DETECTION AND
THERAPEUTIC TARGETING OF ALZHEIMER'S DISEASE AND
DOWN SYNDROME IN HUMANS

Examiner: B. Tedeschi

745 Fifth Avenue
New York, NY 10151

FACSIMILE

I hereby certify that this paper is being facsimile transmitted
to the Patent and Trademark Office on the date shown below.

Amy Leahy

Type or print name of person signing certification


Signature

August 30, 2002

Date of Signature

ASSOCIATE POWER OF ATTORNEY AND CHANGE OF ADDRESS

Commissioner for Patents
Washington, D.C. 20231

Sir:

The undersigned, Susan K. Lehnhardt, Registration No. 33,943, the attorney of record in this application, appoints William F. Lawrence, Registration No. 28,029 and Amy Leahy, Registration No. 47,739, associate attorney with full power to prosecute this application, make alterations and amendments, and to transact all business in the U.S. Patent and Trademark Office, including to receive the Letters Patent, appoint others as associate attorney, and terminate any powers of attorney previously granted.

Kindly address all correspondence and communications to:

William F. Lawrence
Amy Leahy
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New York, New York 10151
Tel. 212-588-0800
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Respectfully submitted,

Attorney for Applicant(s)

By Susan Lehnhardt
Susan K. Lehnhardt
Registration No. 33,943
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35 U.S.C. 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT / EP 97 / 04599	08/22/96	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below.

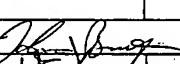
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below.

Name	DR. JOHANNA BERGMANN		
Address	MOERIKESTR. 22		
Address	City	State	ZIP
City	HAMBURG		22587
Country	GERMANY	Telephone	49 40 8666 29 48
		Fax	49 40 8666 21 49

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)	Family Name or Surname						
JOHANNA	BERGMANN						
Inventor's Signature		Date	02/01/98				
Residence: City	HAMBURG	State		Country	GERMANY	Citizenship	GERMAN
Post Office Address	MOERIKESTR. 22						
Post Office Address	City	HAMBURG	State	Zip	22587	Country	GERMANY

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
ENRIQUE PREDDE		PREDDE			
Inventor's Signature	Signature			Date	
Residence: City	MONTRÉAL	State	QUEBEC	Country	CANADA
Post Office Address					
Post Office Address					
City	MONTRÉAL	State	QUE	ZIP	1H3X2Z
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	

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PTO/JSB/02B (3-97)

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

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